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Nurses for the Armed Forces

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this situation but, unless some of us champion it and urge its hearing, it will probably become one of those forgotten issues that die at the end of each congressional session.

I know a young man, a registered nurse with excellent experience in surgical nursing, who is capable, dependable, and ambitious. He was drafted nine months ago and to date has been on KP, a "mud shoveler," and an orderly. He does not feel too superior to take his share of "training in all areas," but with the crying need for trained personnel, this kind of assignment certainly seems like a waste of time and effort, to say nothing of the demoralizing effect it has upon men nurses.—ALBERTA MURPHY, R.N., California.

The Economics of Nursing

Dear Journal:

The views expressed by Mary O. Varner in the July *Journal* (page 792) about the economic status and ideals of the nursing profession seem to me both naive and unrealistic.

Why does she ask whether nursing should be classified with the trades or the professions? This is unwarranted snobbery. The trades are quite as useful and as necessary for the general welfare as are the professions; I daresay that to ply a trade gives personal satisfaction to many people. The attitude implied by this question is that nurses put too much emphasis on the financial recompense for their work. However, lawyers, teachers, or physicians rarely deprecate or deny the fact that reasonable payment is expected for service they have rendered, except, of course, when they volunteer to help a person in reduced circumstances, as many nurses also have done.

To my knowledge, no one has ever advocated that nurses be paid on a production basis, as Miss Varner suggests. This is rhetorical nonsense and a gratuitous insult. The profession is concerned with raising the standards and quality of nursing. Why should the desire to institute and obtain pay levels and personnel practices commensurate with those of other occupations of equal value to society be considered crass commercialism?—MORRIS A. WOLF, R.N., New York.

Dear Journal:

In all my years of professional life, whenever I have talked with other nurses about why they think there's a nursing shortage, every conversation has included one important point—money.—DOROTHY E. SMITH, R.N., Illinois.

Dear Journal:

Nurses certainly do deserve higher salaries. It's all well and good to "receive much reward in the form of spiritual blessings and satisfaction . . ." but one can't buy food, clothing, and shelter with "satisfaction."—CAROL GREINER, R.N., New York.

Dear Journal:

Miss Varner compares the lot of ministers and nurses. Why not include doctors in that comparison? They too must

be on call to minister to the needs of people at all hours of the day and night. They work Sundays and holidays and go out in all kinds of weather. But *unlike* nurses and ministers who receive so much in the way of spiritual gain and so little in the way of financial gain, doctors seem to manage to achieve both.

For the most part, the doctor has a nice car, lives in a comfortable home, wears well-made clothes, can afford to give his children a good education, usually takes a vacation, and doesn't eat pancakes twice a week because he can't afford meat, as I have had to do.

I have never believed that intelligent people think less of other people who try to earn a decent living. But those who are satisfied with their ill-financed ruts, and would keep the rest of us from bettering the economic position of nurses, should certainly be censured.—ILA MAE BANBURY, R.N., Ohio.

Keeping Up

Dear Journal:

Reading the *Journal* is a grand way for a nurse, now a housewife, to keep up with the trends of her profession.—JACQUELINE JAVENAL, New Hampshire.

Nurses for the Armed Forces

Dear Journal:

The letter entitled "Nurses for the Armed Forces," (August *Journal*, p. 918) stimulates further comment and action. The shortage of nurses in the military services is certainly the responsibility of the American Nurses' Association just as an acute shortage in any geographical location or specialty would be its problem. In January 1954 the ANA Board of Directors approved a recommendation that professional nurses who are eligible should be encouraged to serve in the military, and passed this along to state and district nurses associations for action. In some areas there has been some assistance, but in others, this recommendation has been ignored.

The military services have many problems which cannot be solved without assistance. They must make a complete investigation of each nurse to determine the rank for which she is eligible, and uniform policies should be set up for determining this. At times the military services have accepted nurses without complete investigation of their professional standing, because civilian directors and employers were not willing to cooperate in submitting transcripts and recommendations.

The military services, with the help of civilian advisors, also need to review personnel policies, promotion policies, and the duties and responsibilities of nurses and other personnel—doctors, pharmacists, "medics," corpsmen, and technicians. Nurses are frequently expected to assume responsibilities for procedures and duties for which they have not been prepared in their basic nursing program. Some can learn on their own; others realize their inadequacy and are dissatisfied with the overwhelming demands of the service. Other nurses become indifferent. Inservice educational programs have been established in many



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military hospitals, and in time these will correct many of the nursing service problems. A high percentage of military nurses belong to the ANA, but have little representation in the organization and receive very little assistance. They should be encouraged to transfer their membership to the area where they are employed and to take part in local section meetings. The ANA and the military groups should work for revision of state nurses associations' membership policies so that military nurses could transfer their membership without waiting for registration in the state, as has been done for nurses in the U.S. Public Health Service.

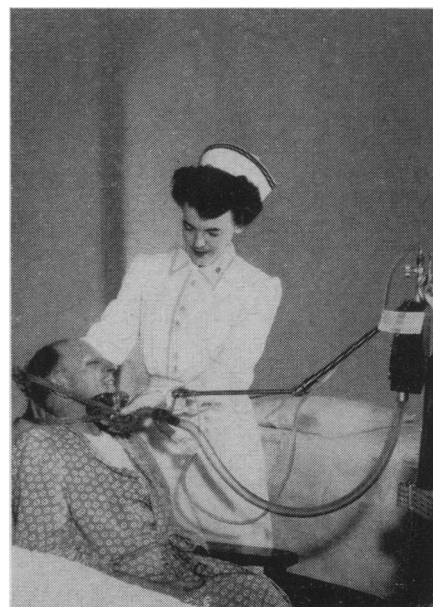
I am not dissatisfied in my work, but I am not blind to the fact that there is a need for improvement, and our professional organizations could help us achieve it.—MILITARY NURSE.

Dear Journal:

I am a registered professional man nurse, in the armed forces, with the rank of private E-2, and I have been given such duties as mopping floors, general cleaning, and so on. They call me a medical technician. There are eight of us stationed at this hospital. Two have degrees in nursing education and yet their duties are essentially the same as mine. I am quite aware of the need for nurses in the armed forces, but they don't use those they have properly.—MISUSED MAN NURSE.

Dear Journal:

The fault lies directly on the door step of the Surgeon General. Why give the problem to the ANA? There is something definitely wrong when young nurses turn down top salaries, good working conditions, and the chance to travel and get good experience, and accept the small salaries that our civilian hospitals have to offer.—EX-ARMY NURSE, Alaska.



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